

**KANSAS DEPARTMENT OF REVENUE**

**SCHEDULE FOR REFUND OF SALES TAX ON ELECTRICITY, GAS OR WATER**

Utility Company \_\_\_\_\_

Business Name \_\_\_\_\_

Meter Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

County \_\_\_\_\_

Account No. \_\_\_\_\_

City \_\_\_\_\_

Meter No. \_\_\_\_\_

Type of Utility \_\_\_\_\_

Taxable Percentage \_\_\_\_\_

Non-Taxable Percentage \_\_\_\_\_

Month/Year	KW/MCF Consumed	Gross Sales Without Tax	State Tax Paid	County Tax Paid	City Tax Paid
<b>Total</b>					
<b>Refund Amount</b>					

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Previous Exempt %: \_\_\_\_\_